## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10698253

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |  |                 |                     |                                 |                  |             | SMALL ENTITY TYPE   |                        | OTHER THAN OR SMALL ENTITY |                     |                        |
|--|--|--|-----------------|---------------------|---------------------------------|------------------|-------------|---------------------|------------------------|----------------------------|---------------------|------------------------|
| TOTAL CLAIMS   |  |  | ia              |                     | Colai                           | 1111 27          | ſ           | RATE                | FEE                    | j                          | RATE                | FEE                    |
|  |  |  | 1/4             |                     | NHIMBS                          | ER EXTRA         | ł           | BASIC FEE           | 385.00                 | 00                         | BASIC FEE           | 770.00                 |
| FOR  |  |  | NUMBER FILED    |                     | NOWIDER CATTA                   |                  | -           |                     |                        |                            |                     |                        |
| то   | TAL CHARGEA                                    | BLE CLAIMS   | 中 minus 20=     |                     | *                               |                  |             | X\$ 9=              |                        | OR                         | X\$18=              |                        |
| IND  | EPENDENT CL                                    | AIMS   | 2. minus 3 =    |                     |                                 |                  |             | X43=                |                        | OR                         | X86=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |  |                 |                     |                                 |                  |             | +145=               | 2                      | OR                         | +290=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |  |                 |                     |                                 | olumn 2          |             | TOTAL               |                        | OR                         | TOTAL               | 770                    |
| CLAIMS AS AMENDED - PART II  |  |  |                 |                     |                                 |                  | <u></u>     |                     |                        |                            | OTHER THAN          |                        |
|  |  | (Column 1)   | (Colur          |                     |                                 | (Column 3)       | 8           | SMALL               |                        | OR<br>I                    | SMALL               |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                        |                 | PREVI               | BER<br>OUSLY<br>FOR             | PRESENT<br>EXTRA |             | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *  | Minus           | **                  |                                 | =                |             | X\$ 9=              |                        | OR                         | X\$18=              |                        |
|  | Independent                                    | *  | Minus           | ***                 |                                 | =                |             | X43=                |                        | OR                         | X86=                |                        |
| _  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                 |                     |                                 |                  |             | +145=               |                        | OR                         | +290=               |                        |
| TOTAL  |  |  |                 |                     |                                 |                  |             |                     |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)   |  |  |                 |                     |                                 |                  |             |                     |                        |                            | ADDITITEE           |                        |
| AMENDMENT B  |  | CLAIMS REMAINING AFTER AMENDMENT                                 |                 | HIGI<br>NUM<br>PREV | HEST<br>MBER<br>MOUSLY<br>OFOR  | PRESENT<br>EXTRA |             | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *  | Minus           | **                  |                                 | =                |             | X\$ 9=              |                        | OR                         | X\$18=              |                        |
|  | Independent                                    | *  | Minus           | ***                 |                                 | =                |             | X43=                |                        | OR                         | X86=                |                        |
| <u> </u>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                 |                     |                                 |                  |             | -145=               |                        | OR                         | +290=               |                        |
|  |  |  |                 |                     |                                 |                  |             | TOTAL               |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |
|  |  |  |                 |                     |                                 |                  |             |                     |                        |                            |                     | •                      |
| AMENDMENT C  |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT                      |                 | HIG<br>NUI<br>PREV  | HEST<br>MBER<br>MOUSLY<br>D FOR | PRESENT<br>EXTRA |             | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *  | Minus           | **                  |                                 | =                |             | X\$ 9=              |                        | OR                         | X\$18=              | 1                      |
|  | Independent                                    | *  | Minus           | ***                 |                                 | =                |             | X43=                |                        | OR                         | X86=                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                 |                     |                                 |                  |             |                     |                        | 1                          |                     |                        |
|  | If the enter the second                        | ımn 1 is less than t   | ho optovio col  | umo 2 we            | ite "N" +n cr                   | olumn 3          |             | +145=               |                        | OR                         | TOTAL               |                        |
| **   | If the "Highest Nu                             | imn 1 is less than t<br>imber Previously P<br>imber Previously F | aid For" IN Th  | IIS SPACE           | is less th                      | an 20, enter "20 | ). <b>"</b> | TOTAL<br>ADDIT. FEE |                        | JOR                        | ADDIT. FE           |                        |
| "  | The "Highest Nu                                | imber Previously F<br>nber Previously Pa                         | aid For" (Total | or Indepen          | dent) is th                     | e highest numb   | er fo       | und in the ap       | propriate bo           | ox in c                    | olumn 1.            |                        |